

**Finance & Administration Cabinet  
Division of State Risk & Insurance Services  
Property & Auto Claims Section  
209 St. Clair, 5<sup>th</sup> Floor ~ Frankfort, KY 40601**

Website: <http://finance.ky.gov/offices/controller/Pages/dsrisk.aspx>

**TO:** Commonwealth of Kentucky State Agencies & State Universities

**FROM:** Evelyn Smith, Claims Program Manager (502-782-5433)  
T.J. O’Nan, Claims Program Coordinator (502-782-5445)

**DATE:** June 30, 2016

**RE:** July 1, 2016 – June 30, 2017  
State Property Claims & Auto Claims Packet

We are a team responsible for and dedicated to provide the best possible claims service for the Commonwealth of Kentucky State Agencies & State Universities who are insured by the 2 different Insurance Programs listed below. Please know that our services are dependent on your help in reporting claims immediately.

- **Fire & Tornado (F&T) Self-insured Property Policy**

- Policy Changes and Reminders
- “Property Claims Contact” form
- Insurance Deductibles & Claim Reporting Instructions
- “Notice of Loss” form
- “Lightning Loss Verification” form

Claim forms as well as the F&T Policy can also be found by scrolling to the bottom of our website page: <http://finance.ky.gov/offices/controller/Pages/dsrisk.aspx>

- **Kentucky Self-insured Auto Policy (KSAP)**

- Auto Claim Reporting Instructions / “Accident Report” form

# **FIRE & TORNADO Self-Insured Fund Policy**

## ***Important Coverage Changes & Reminders For Policy Year: July 1, 2016 – June 30, 2017***

### **1. Building & Personal Property Section**

#### **a. Section A. Coverage**

Since October 2015, “Boiler & Equipment Breakdown” has been and will continue to be covered under this policy.

#### **b. Section C. Limitations**

The “glass replacement limit of \$500” has been removed; and as damages occur, they will be treated as part of the building.

#### **c. Section F. Limits of Insurance**

For loss or damage to “outdoor signs attached to a building”, the maximum amount covered has been increased to \$20,000.

### **2. For all Sections, below are reminders about the deductible changes made effective July 1, 2015 and will remain in force:**

- A \$2,500 deductible will apply when:
  - The cause of loss is due to “frozen water pipes”; or
  - The Notice of Loss is submitted more than 30 days after the “date of loss”

**Fire & Tornado Self-insurance Fund**  
**Insured's Property "Claim Contact Person"**  
**July 1, 2016 – June 30, 2017**

**Complete the following information and supply a copy to each insured location. In the event of property damage claims. This will ensure the proper claims contact person is notified in a timely manner.**

**State Agency/University Name:** \_\_\_\_\_

**Insurance Certificate #:** \_\_\_\_\_

**Certificate Name:** \_\_\_\_\_

**Cabinet:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Claims Contact Person:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_ **Phone:** (\_\_\_\_)-\_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, KY

**Date Completed:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**As one of our insureds, you have specific responsibilities explained in the "Duties in the Event of Loss or Damage" paragraph in the Fire & Tornado Fund policy.**

**As changes occur within your organization, please make sure this information is up to date.  
This completed form should be sent to State Risk & Insurance Services/Claims Section.**

# **Fire & Tornado Self-insurance Fund**

## **Property Claim Deductibles & Reporting Instructions**

### **July 1, 2016 – June 30, 2017**

**When a loss occurs, the deductibles shown below are the State Agency's responsibility, which will be deducted from the total amount of the settlement. In "one occurrence", only one deductible (the highest deductible amount of damaged items) will apply.**

<b><u>TYPE of PROPERTY</u></b>	<b><u>DEDUCTIBLE AMOUNT</u></b>
• Building/Contents	\$1,000
• Inland Marine (including Laptop Computers)	\$ 500
• Telephone Systems	\$1,000
• EDP Computer Equipment	\$1,000
• Business Income	\$1,000

**Please inform all your locations to notify your "Claims Contact" person of any claim that exceeds the deductible amounts.**

The Insurance "Claims Contact" person for your Cabinet/Department/Division should report property damage claims immediately to State Risk & Insurance Services/ Claims Unit when a loss occurs, by completing the Notice of Loss on our website or you can copy the attached form for completion, then scan and e-mail to [evelyn.smith@ky.gov](mailto:evelyn.smith@ky.gov) and copy [timothy.o'nan@ky.gov](mailto:timothy.o'nan@ky.gov)

1. To open a claim, we require:
  - a. Certificate number and Property ID number, to identify the loss;
  - b. Detailed information about the "Cause of Loss" to confirm coverage; and
  - c. Date of Loss with an estimated amount of damages. Any photographs, estimates/quotes, and other details should be submitted as they become available.
2. For damage caused by theft, vandalism, or any other crime, a copy of the police report is required.
3. For damage caused by lightning, the repair person/vendor who examined the equipment will need to complete the "Lightning Affidavit" form for submission.
4. If damaged item(s) were required to be scheduled with State Risk/Underwriting Unit, submit documentation showing this was scheduled prior to the claim.
5. We acknowledge your required protocol for "bidding" certain repair/replacement projects or if you have made an "Emergency Request" for approval within your Cabinet. Inform us when either of these relate to a pending claim.
6. For final settlement of payment, invoices and/or receipts are required.

A claim number will be assigned and you will be notified to use that claim number in all communication regarding the claim, until the claim is closed.

Thank you!

## COMMONWEALTH OF KENTUCKY - STATE RISK &amp; INSURANCE SERVICES DIVISION

FIRE & TORNADO FUND ~ SELF-INSURED NOTICE OF LOSS**Instructions:****For all CLAIMS, complete sections 1, 2 & 3****Email Form to State Risk & Insurance Services Division**

Certificate # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

Property ID # \_\_\_\_\_

**1** CABINET \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_ DIVISION (name) \_\_\_\_\_

REPORTED BY \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_  
(mm/dd/yyyy)**2** INSURED PROPERTY LOSS TYPE ☐ Fire & Tornado ☐ Boiler & Equipment Breakdown**3** LOSS DATE (mm/dd/yyyy) \_\_\_\_\_ TIME \_\_\_\_\_ ESTIMATED AMOUNT OF LOSS \$ \_\_\_\_\_

LOSS LOCATION \_\_\_\_\_

CAUSE OF LOSS \_\_\_\_\_

PROPERTY DAMAGE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ REPORT # \_\_\_\_\_  
(Police, Fire, etc.)

ADDITIONAL NOTES:

\_\_\_\_\_

\_\_\_\_\_

INSURANCE CONTACT \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

**MAIL TO:** State Risk & Insurance Services Division  
209 Saint Clair, 5th Floor  
Frankfort, Ky. 40601 **ATTN: CLAIMS****eMAIL TO:** Evelyn.Smith@ky.gov 502 782-5433  
Timothy.O'nan@ky.gov 502 782 5445  
FAX # 502 564 2693

## COMMONWEALTH OF KENTUCKY - STATE RISK &amp; INSURANCE SERVICES DIVISION

Lightning Loss Verification

Date \_\_\_\_\_ (mm/dd/yyyy)

***To Whom it may concern:***I inspected / repaired \_\_\_\_\_  
(Item damaged)

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Year Model \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchase Price \_\_\_\_\_ Size \_\_\_\_\_

Place purchased \_\_\_\_\_

Owned By \_\_\_\_\_  
(name of insured)

Address \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_  
(mm/dd/yyyy)

Are damaged item(s) available for inspection? If yes, where? \_\_\_\_\_

If not, why not? \_\_\_\_\_

This damage was solely due to lightning and no other cause because:

Repairer's Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_

Phone # \_\_\_\_\_

**NOTE: Any person who knowingly and with intent to defraud any insurance company or other person who files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.**

**Kentucky Self-insured Auto Policy (KSAP)**

**Auto Claim Reporting Instructions  
&  
“Accident Report” form**

**July 1, 2016 – June 30, 2017**

## COMMONWEALTH OF KENTUCKY - STATE RISK &amp; INSURANCE SERVICES DIVISION

**KSAP Accident Report Form**  
**IF YOU HAVE AN ACCIDENT**

**Do the following:**

- 1 Call 911 immediately if damage or injuries are involved; request an officer to file a report and request medical assistance if needed.
  - 2 Call your Supervisor.
  - 3 Call your Agency Claim contact.
  - 4 Obtain the other driver's license number, insurance information from their insurance verification card and a description of the vehicle from their registration card.
  - 5 Give the other driver your name, address, and license number and show him / her the Commonwealth's Insurance ID Card located in the vehicles glove compartment.
  - 6 For your protection, if safe, take photos of all four sides of all vehicles, license plates, skid marks, all angles of the roadway approach and persons in the vehicles involved in accident.
- DO NOT admit fault. Circumstances & Contract Claims Adjusters will make that determination.
  - DO NOT make any statements about the accident to anyone other than Police Officer, your Supervisor, your Agency Risk Management Officer, KSAP Claims Adjuster or Commonwealth Legal Counsel.

***Remember you are an Employee of the Commonwealth, thus representative of the Commonwealth. Please act professionally at all times.***

Vehicle Driver shall complete all applicable sections of this form. In case of driver injury, passenger / supervisor shall complete this form.

Submit this form to your Supervisor the same day but no later than the next business day after the accident.

Supervisors / Managers shall complete an initial investigation, review this form for accuracy & completeness, and submit it to your Agency Risk Manager within 24 hours of receipt of this form.

***KRS 304.47-030 "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."***

Describe in your own words how the accident occurred:

Police Officer \_\_\_\_\_ Report # \_\_\_\_\_ Badge # \_\_\_\_\_  
 Department \_\_\_\_\_ City \_\_\_\_\_ **Attach Police Report**

**Injured Persons:**

WAS AMBULANCE CALLED? Yes ☐ No ☐

1) Name _____	2) Name _____
Address _____	Address _____
City / State _____	City / State _____
Phone # _____	Phone # _____

3) Name _____	4) Name _____
Address _____	Address _____
City / State _____	City / State _____
Phone # _____	Phone # _____



## COMMONWEALTH OF KENTUCKY - STATE RISK &amp; INSURANCE SERVICES DIVISION

**KSAP Accident Report Form** (page 2)

Date of Collision \_\_\_\_\_ Time \_\_\_\_\_ AM ☐ PM ☐ County \_\_\_\_\_  
 (mm/dd/yyyy)

This collision occurred in \_\_\_\_\_  
 (City or Town)

or \_\_\_\_\_ Miles N ☐ S ☐ E ☐ W ☐ of \_\_\_\_\_  
 (City or Town)

Street Name & # / Intersection \_\_\_\_\_

**DRIVER INFORMATION** (Vehicle 1)

Driver \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 \_\_\_\_\_

Dr License # / State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Agency Address \_\_\_\_\_  
 \_\_\_\_\_

Vehicle Make, Model, Yr \_\_\_\_\_

Reg Plate # & VIN # \_\_\_\_\_

Damage to Vehicle (attach photos if available)

Damage to Property - Other than Vehicle  
 (attach photos if available)

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**OTHER DRIVER / PEDESTRIAN** (Vehicle 2)

Driver \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 \_\_\_\_\_

Dr License #/State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Owner of Vehicle \_\_\_\_\_  
 (if different) First Middle Last

Address (if different) \_\_\_\_\_  
 \_\_\_\_\_

Vehicle Make, Model, Yr \_\_\_\_\_

Reg Plate # & State \_\_\_\_\_

Insurance Co \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Damage to Vehicle

Additional notes:

Claim reviewed by Supervisor (name) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Phone # \_\_\_\_\_ Supervisor eMail \_\_\_\_\_

Claim reviewed by Agency Claims contact (name) \_\_\_\_\_ Date \_\_\_\_\_

Agency Claim contact Phone # \_\_\_\_\_ Claim contact eMail \_\_\_\_\_

**USPS MAIL:** State Risk & Insurance Services Division  
 209 Saint Clair, 5th Floor  
 Frankfort, Ky. 40601 **ATTN: CLAIMS**

**eMAIL:** [Timothy.O'nan@ky.gov](mailto:Timothy.O'nan@ky.gov) 502 782 5445  
 cc: [Evelyn.Smith@ky.gov](mailto:Evelyn.Smith@ky.gov) 502 782-5433  
 FAX # 502 564 2693